

Instructions for Completing the WAN Request Form And a Sample Form

The form is divided into three input sections, labeled on the left as: Sections A, B, and C.

Field Name	Required / Optional	Instructions
Section A:		
Agency Control #:	Optional	Enter any number that would be used to track the WAN request internally for the requesting agency or organization. For State agencies, the number of the ADPICS TSR requisition may be used. Alphanumeric.
DBM Control #:	Blank	This field will be used by DBM to record the tracking number for this request.
Date:	Required	Enter the date that the request is submitted in MM/DD/YY format.
TO:	Pre-filled	This is where the form should be sent. Email is preferred – WANRequest@dbm.state.md.us.
FROM:	Pre-filled	See below.
Agency Name:	Required	Full name of the agency or organization submitting the request.
Agency Code:	Optional	The 6-digit budget code assigned to your agency.
Dept. Name:	Required	Full name of the department submitting the request.
Person Authorizing:	Required	Full name of person responsible for authorizing expenditures.
Technical Contact Person:	Required	Full name of person we may contact for questions.
Technical Phone:	Required	Telephone number of contact person for questions.
Technical Email:	Required	Email address of contact person for questions.
Section B:		
REQUEST TYPE:	Required	Check all boxes that may apply. If this is a request for services on networkMaryland, please be sure to check this block.
Est. Start Date:	Optional	The estimated date that you would like the work to begin on this project. If there are factors that affect the start date, such as a building relocation that must occur first, please note this in the requirements section.
Est. Completion Date:	Required	The estimated date that you would like the work to be completed. If there is a time constraint, such as operations must be up and running by a specific date, please note this in the requirements section.
Est. Initial Cost:	Required	For State agencies only. Please estimate any one-time costs for this request; such as equipment, fiber, etc.
Est. Recurring Cost (Annual):	Required	Estimate the annual cost of the new or modified circuit.
Est. Initial Savings:	If Applies	For State agencies only. Estimate any one-time savings; such as elimination of equipment, etc.
Est. Recurring Savings (Annual):	If Applies	For State agencies only. Estimate any annual savings, such as, elimination of a circuit, non-renewal of ISP contract, or avoided cost of new circuit.

Field Name	Required / Optional	Instructions
Section C:		
PROJECT TITLE:	Required	A unique descriptive name or brief title for this project.
PURPOSE:	Pre-filled	See below.
1. Business reason/purpose:	Required	The reason why you are doing this project. All of the text fields will expand as you write.
2. Goal or desired result:	Required	What is the goal and/or what do you hope to accomplish when this work is complete? Example: faster response time, more users, disaster recovery capability, etc.
3. Users affected:	Required	The total number of potential or actual users and the type of user.
4. Locations:	Required	Please list the locations to be connected, their street addresses, cities, and building names, if applicable. Please identify the start and end locations and if any of these are an aggregation site or Headquarters location. Include any LATA boundary information.
DESCRIPTION:	Pre-filled	See below.
5. Requirements:	Required	Describe the requirements of the network. Include the circuit type(s), bandwidth requirements, CIR, equipment needs, type of expected traffic, timing considerations, backup, security, redundancy, etc. Also please specify any disconnected circuits that will result from this project.
6. Design:	Required	Describe the changes or additions that will occur to the current network design. Attach a diagram depicting the proposed network design for all new or changed circuits. Show current and proposed layouts, including all locations and LATA boundaries, if applicable.
DBM Section:		
This section to be completed by DBM	Blank	This section will be completed by DBM during the review process.

Please refer to a completed sample of the WAN Request Form on the next page.

SAMPLE WAN REQUEST FORM

WIDE AREA NETWORK REQUEST JCR SECTION 49 COMPLIANCE EFFECTIVE JULY 1, 2002

A.	Agency Control #:	SAM5185	DBM Control #:		Date:	7/1/04	
	TO:	Department of Budget & Management Office of Information Technology Information Technology Investment Management Division Email: WANRequest@dbm.state.md.us					
	FROM:	Agency Name:	Dept. of Good Customer Service (DGCS)			Agency Code:	T01.S0999
		Dept. Name:	Office of Network Services				
		Person Authorizing:	The Chief				
		Tech. Contact Person:	John Guru	Phone:	410.260.9999		
		Tech. Contact Email:	jguru@dgcs.state.md.us				
B.	REQUEST TYPE: <small>[Place X in all boxes that apply]</small>	New? <input checked="" type="checkbox"/>	Enhance/Upgrade Existing? <input type="checkbox"/>	NwMD Request? <input checked="" type="checkbox"/>			
	Est. Start Date:	7/15/04	Est. Completion Date:	By 10/1/04			
	Est. Initial Cost:	\$0.00	Est. Recurring Cost (Annual):	\$1,985.00			
	Est. Initial Savings:	\$2,500.00	Est. Recurring Savings (Annual):	\$48,000.00			
C.	PROJECT TITLE: <small>[Please provide a brief title.]</small>	Build Backup Circuits through networkMaryland					
	PURPOSE: <small>[Provide the reason this work is being requested, the goal/desired result, the end-users, & locations affected]</small>						
	1. Business reason/purpose:	Provide backup connectivity for FRASI circuits in the event of local ATM router/switch failure.					
	2. Goal or desired result:	Provide backup connectivity with a second PVC using the same bandwidth as the primary PVC. The second PVC will aggregate to one of two regional sites.					
	3. Users affected: <small>(Total # users & type)</small>	30 customer service representatives at each of the two regional sites.					
	4. Locations: <small>[List start and end street address for each location - include LATA info.]</small>	Baltimore LATA - Western LATA - From: Remote site at 3 Elm St., Towson From: Remote site at 5 Pine St., Hagerstown To: HQ (Regional Site) at 1 Main St., Baltimore To: Regional Site at 22 Flower St., Frederick					
	DESCRIPTION: <small>[Complete the sections below. Attach additional pages as needed. You must attach a diagram showing the network design, including LATA boundaries. If this change ties into an existing network, show the existing network with the modifications or additions.]</small>						
	5. Requirements: <small>[Circuit Type, Bandwidth, CIR, Equipment, etc. Describe any disconnects that will result.]</small>	Create one FRASI PVC over each of the existing frame relay circuits with a CIR of 512 Kb/s. The PVC should utilize networkMaryland ATM OC3 fibers at HQ location. The PVC for the Western LATA circuit should utilize networkMaryland cross-LATA ATM resources. Please see the attached spreadsheet for detailed circuit ID information.					
	6. Design: <small>[Attach diagram & describe changes/additions to current design.]</small>	See attached Visio diagram. The regional site will aggregate tail circuits to the HQ office at 1 Main St., Baltimore.					
	THIS SECTION TO BE COMPLETED BY DBM						
Reviewed By	Person	Date	Comments				
Receipt Information			Scheduled Review Date:				
ITIM Analyst							
Architecture							
networkMD							
ENS							
Telecom, Wireless							
Security							
Review team recommend for approval?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason:				
State CIO Approval:	Yes <input type="checkbox"/> No <input type="checkbox"/>	State CIO Signature:		Date:			
Comments:							

SAMPLE WAN REQUEST FORM

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